

FACULTEIT GENEESKUNDE EN  
GEZONDHEIDSWETENSCHAPPEN**RESEARCH DAY MARCH 16 2016****ABSTRACT – AFTERNOON PROGRAM MARCH 16, 2016****Final submission date:** November 29, 2015 – to be sent by mail to: [lucienne.verreth@ugent.be](mailto:lucienne.verreth@ugent.be)**Information on the first author; note that the first author is the presenting author.****Name:** Vermeir**First Name:** Peter**Department :** General Internal Medicine**Research unit:** Internal Medicine**Phone:** 09/332 23 49 of 0474/770483 **E-mail:** [peter.vermeir@uzgent.be](mailto:peter.vermeir@uzgent.be)Preference for a **regular oral presentation** (10 min + 5 min discussion)Preference for a **bullet presentation** (3 min for 3 slides)**ABSTRACT FORM****TITLE:** COMMUNICATION IN HEALTHCARE: A NARRATIVE REVIEW OF THE LITERATURE AND PRACTICAL RECOMMENDATIONS**AUTHORS (NAME + INITIALS):** P. Vermeir 1,2, D. Vandijck1,3,6 ,S. Degroote1,3, R. Peleman2,4, R. Verhaeghe3,4, E. Mortier4, G. Hallaert4, S. Van Daele4, W. Buylaert4,5, D. Vogelaers1,2,4**AFFILIATION:**

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**ABSTRACT BODY ORGANIZED AS AIMS, METHODS, RESULTS, CONCLUSION.****(TOTAL CHARACTER COUNT 1800 MAX., INCLUDING SPACES AND AIMS, METHODS ETC.)****AIMS.** Effective and efficient communication is crucial in healthcare. Written communication remains the most prevalent form of communication between specialized and primary care. We aimed at reviewing the literature on the quality of written communication, the impact of communication inefficiencies and recommendations to improve written communication in healthcare.

Design: Narrative literature review.

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**METHODS.** A search was carried out on the databases PubMed, Web of Science and The Cochrane Library by means of the (MeSH)terms 'communication', 'primary health care', 'correspondence', 'patient safety', 'patient handoff' and 'continuity of patient care'. Reviewers screened 4609 records and 462 full texts were checked according following inclusion criteria: (1) publication between January 1985 and March 2014, (2) availability as full text in English, (3) categorization as original research, reviews, meta-analyses or letters to the editor.

**RESULTS.** A total of 69 articles were included in this review. It was found that poor communication can lead to various negative outcomes: discontinuity of care, compromise of patient safety, patient dissatisfaction and inefficient use of valuable resources, both in unnecessary investigations and physician worktime as well as economic consequences.

**CONCLUSIONS.** There is room for improvement of both content and timeliness of written communication. The delineation of ownership of the communication process should be clear. Peer review, process indicators and follow-up tools are required to measure the impact of quality improvement initiatives. Communication between caregivers should feature more prominently in graduate and postgraduate training, to become engraved as an essential skill and quality characteristic of each caregiver.

#### **PUBLICATIONS OF THE FIRST AUTHOR RELATED TO THE PROPOSED ABSTRACT**

*Please specify as: Author list (first author in bold), title, journal, volume, page numbers, year. Include the journal quartile ranking (Q1, Q2, ...), the journal ranking (journal rank in category/total journals in category) and the impact factor.*

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#### **COMMUNICATION IN HEALTHCARE: A NARRATIVE REVIEW OF THE LITERATURE AND PRACTICAL RECOMMENDATIONS**

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